



Missouri Public Service Commission Manufactured Housing & Modular Unit Program Inspection Request/Consumer Complaint Form

Please print legibly or type.

CONSUMER INFORMATION (REQUIRED)		OFFICE USE ONLY	
Name		File Name	
Address		Inspector	Received by:
City/State/Zip		Date of Inquiry:	Date of Receipt:
County		HOME INFORMATION (REQUIRED)	
Work Phone		<input type="checkbox"/> New or <input type="checkbox"/> Used <input type="checkbox"/> Single or <input type="checkbox"/> Multi-Section	
Home Phone		Set Up <input type="checkbox"/> Basement <input type="checkbox"/> Foundation <input type="checkbox"/> Piers	
Other Phone		Serial Number (REQUIRED)	
MANUFACTURER INFORMATION (REQUIRED)		HUD Label Number	
Name		Model	
Address		Date of Manufacture:	Date of Delivery:
City/State/Zip		Has the home been moved from original location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEALER INFORMATION (REQUIRED)		Are you the first owner of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name		INSTALLER INFORMATION (IF KNOWN)	
Address		Name:	
City/State/Zip		Decal #:	
REASON FOR REQUEST (REQUIRED) List each concern separately. Do not write concerns in paragraph form.			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Attach additional sheets if necessary.			
Signature of Consumer (REQUIRED)		Date	
This form must be completed in full and submitted with a copy of the Bill of Sale or Purchase Agreement. (REQUIRED)			
RETURN TO: Manufactured Housing & Modular Unit Program P.O. Box 360, Jefferson City, MO 65102		PHONE: 800-819-3180 FAX: 573-522-2509	